

Employee Name Last _____ First _____ Middle Initial _____

Personnel # _____

Organizational Unit Name _____ Org. Unit Phone _____

Personnel Action Form

EFFECTIVE DATES OF ACTION (MM/DD/YYYY):

Appointment Effective Date FROM _____ TO _____

Start/Stop Pay Date FROM _____ TO _____

DESCRIPTION OF ACTION (enter X in a box)

- | | | |
|--|--|---|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Rehire | <input type="checkbox"/> Separation * |
| <input type="checkbox"/> Student Hire CrHrs _____ | <input type="checkbox"/> Rehire as Volunteer | <input type="checkbox"/> Employment Pause* |
| <input type="checkbox"/> Ancillary Hire | <input type="checkbox"/> Rehire as Ancillary | <input type="checkbox"/> Campus Transfer Out* |
| <input type="checkbox"/> Volunteer Hire | <input type="checkbox"/> Funding Change | <input type="checkbox"/> LOA without Pay* |
| <input type="checkbox"/> NonResAlien Hiring Addendum | <input type="checkbox"/> Employment % - FTE Change * | <input type="checkbox"/> LOA with Pay* |
| <input type="checkbox"/> Campus Transfer In | <input type="checkbox"/> Salary/Rate Change * | <input type="checkbox"/> Return from LOA |
| | <input type="checkbox"/> Organizational Change* | * Requires a Reason Code |

ACTION (IT0000)

Reason Code _____ Position # _____ Position Title _____ U.S. Citizen? Yes No

PERSONAL DATA (IT0002) *refer to Personal Data Form*

ORGANIZATIONAL ASSIGNMENT (IT0001)

Benefits % (Contribution percentage toward benefits for contractual period):

_____ for 12 month _____ for 3/10 month _____ Ret/Ancil _____ Not Eligible

ALL CURRENT POSITIONS AT THE UNIVERSITY

	Position Number	Position Title	Staffing Percent
This Position			
2			
3			
4			
5			
		TOTAL	= 100%

ADDRESSES (IT0006) *refer to Personal Data Form*

PLANNED WORKING TIME (IT0007)

Work schedule rule:

<input type="checkbox"/> Salary	<input type="checkbox"/> Negative Time Reporting	<input type="checkbox"/> Positive Time Reporting
	M-F @ 8 hours/day _____	Number of hours scheduled per week _____
	Shift _____	(Include total time worked at the University in all positions)
	Other hours per day _____	
	Shift _____	

Contract Length Code: _____ Leave Plan Code: _____ Employment % (FTE): _____

BASIC PAY (IT0008)

Wage Type _____ Amt \$ _____ hr mo | Wage Type _____ Amt \$ _____ hr mo
Wage Type _____ Amt \$ _____ hr mo | Wage Type _____ Amt \$ _____ hr mo

COST DISTRIBUTION (IT9027)

Cost Code: Grant Funded?	Cost Center / WBS Element	Position Number	Wage Type	\$ Rate Hourly or Monthly	% of Cost Distribution
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Note: Percentage must equal 100% for any given point in time					TOTAL = 100 %

PAID APPOINTMENTS (IT9001)

Start Date	End Date	Position #	Title Modifier	Employee Subgroup	Budgeted Annual	OR ⇔	Amount To Be Paid	FTE % relative to full

UNPAID APPOINTMENTS (IT9001)

Start Date	End Date	Title	Title Modifier	Organizational Unit Number

BANK DETAILS (IT0009) / TAX AREA (IT0207): NE / TAX WITHHOLDING W4/W5 (IT0210)
ADDITIONAL PERSONAL DATA *refer to Personal Data Form*

RESIDENCE STATUS (I-9) (IT0094) C - Citizen N - Non-citizen A - Alien, Non-Resident

DATE SPECIFICATIONS (IT0019 or IT0041) *When entering in date use month/day*

<i>I-9 Date required</i>	_____	(To be completed by Personnel Services)
<i>First Working Date required</i>	_____	University Service Date _____
Tenure Date	_____	Leave Accrual Date _____
Tenure Notify Date	_____	Probation End Date _____
<i>Last Working Date required</i>	_____	

EDUCATION & QUALIFICATIONS (IT0009) *refer to Personal Data Form*

ADDITIONAL COMMENTS OR EXCEPTIONS:

APPROVAL SIGNATURES

Employee Completing Form:

_____	Date _____	_____	Date _____
_____	Date _____	_____	Date _____

ATTACHMENTS

- Personal Data Form (PDF)
- Form W-4 (required for all new/returning employees) / Form W-5 (optional)
- Form I-9 photocopies of documentation (required for all new/returning employees)
- Bank Deposit form
- Correspondence and supportive documentation